

OFM Training Registration Form OFM BUSINESS OBJECTS TRAINING

Please fill out the form completely and return to your **Department Training Coordinator (if required)** or to:

DMB/OFM/Support Services
Romney Building, Fifth Floor
111 S. Capitol
Lansing, MI 48913

Phone: (517) 241-7726
Fax: (517) 373-0297

ABOUT YOU AND YOUR WORK SITE

PLEASE PRINT

Name: (Last, First, Middle Initial)		Employee Identification Number:
Department: (ex. OSB/OFM)	Division: (ex. Support Services)	
Section: (ex. Training)	Office Street Address, Including Zip Code:	
Building & Floor: (ex. Romney Bldg., 5 th Floor)	ID Mail Run: (ex. Lansing, Southwest, US Postal)	
Civil Service Classification: (ex. Secretary, Analyst)	Supervisor's Name & Phone Number:	
Work Phone Number:	*Home Phone Number: (See Note Below)	
E-mail Address:	FAX Number:	

ABOUT YOUR SPECIAL NEEDS

Do You Need Special Assistance To Take Classes (Describe)?

Do You Need A Signer? Yes ☐ No ☐

Do You Need Someone To Read? Yes ☐ No ☐

Other _____

Approval of Department Training Coordinator

(Signed) _____

Phone #: () _____ - _____

MIDB COURSE REQUESTS

Course

Date

1st Choice

2nd Choice

INTRO BUS. OBJECTS _____

BUS. OBJECTS HRS. _____

BUS. OBJECTS FIN _____

Dates that you **CANNOT** attend training during next 3 months:

* Unless completed, we will not be able to reach you at home for notification of a canceled class.